

IOWA DEPARTMENT OF PERSONNEL

EDUCATIONAL SURVEY

The State of Iowa is committed to the legal principles of Affirmative Action and Equal Employment Opportunity. To evaluate the success of the State's Affirmative Action Program, we must collect information about **applicants for educational assistance/leave**. Please complete the following information which is voluntary. This information is used only for program evaluation.

Please write your numbered responses to items A through D in the corresponding boxes.

A	B	C	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. What sex are you?

- 0. Male
- 1. Female

B. What is your age?

- 0. 18 or younger
- 1. 19-29
- 2. 30-39
- 3. 40-49
- 4. 50-59
- 5. 60-69
- 6. 70 or over

C. Of which racial/ethnic group do you consider yourself a member?

- 0. White
- 1. Black
- 2. Asian/Pacific Islander
- 3. American Indian/Alaskan Native
- 4. Hispanic
- 5. Decline to Respond

D. Do you consider yourself as having, are you regarded by others as having, or do you have a record of having a physical, or mental disability that substantially limits one or more major life activities?

- 0. No
- 1. Yes
- 2. Decline to Respond

**EDUCATIONAL SURVEY TALLY SHEET
FOR
EDUCATIONAL ASSISTANT COORDINATOR**

Month_____/Year_____

Number of Requests Submitted:

Approved:

Denied:

Leave Only:

Total:

A. What sex are you?

0. Male

1. Female

B. What is your age?

0. 18 or younger

1. 19 - 29

2. 30 - 39

3. 40 - 49

4. 50 - 59

5. 60 - 69

6. 70 or older

C. Of which racial/ethnic group do you consider yourself a member?

0. White

1. Black

2. Asian/Pacific Islander

3. American Indian/Alaskan Native

4. Hispanic

9. Decline to Respond

D. Do you consider yourself to be physically or mentally disabled?

0. No

1. Yes

2. Decline to Respond

Number of Requests Not Completed: